CITY OF BURBANK – PARKS AND RECREATION DEPARTMENT-SPORTS OFFICE 1111 W. Olive Ave., Burbank, CA 91506 (818) 238-5330

| & BURBANY | SPORTS | OFFICE |
|-----------|----------|--------|
| 5 | or order | OTTICL |

| Softball | RS MUST CONTAIN: olleyball (4man) | Minimum 12 8 (6) | <u>Maximum</u> 20 12 | | MANAGER: | | | EASON: | | |
|--|--------------------------------------|------------------------|----------------------------|------------------|--|--|---|--------|-------|--|
| ADULT SPORT | | - \-/ | | | | | | | | |
| IMPORTANT NOTICE TO ALL PLAYERS: Please be aware that your signature on this roster shall constitute your acknowledgement of the inherent risks and hazards of participatory athletics and your expressagreement to assume all risks, known and unknown, associated with such activity; and thereby shall also constitute your waiver and release of any and all claims against the city of Burbank attributable either the negligence, the existence of any field condition(s) alleged to be dangerous as a matter of law, including an and all risks of infection, injury, or death or to any other unspecified breach of alleged duty owed by the City of Burbank (ADDITIONAL HOLD HARMLESS, INDIVIDUAL COVID RESPONSIBILITIES AND ASSUMPTION OF THE RISK AGREEMENT FORMS FOR PARTICIPATION IN SPORTS PROGRAM must be turned into the Sport | | | | | ress also er to any City I OF | I grant the City of Burbank permission to use my photographs and images for the purpose of publicizi and marketing City activities. I understand that no compensation shall be given for use of the photographs and that these images shall become the sole property of the City of Burbank. MANAGERS: Note the following rules: 1. You are not a legal team until this completed roster is in the Sports Office. 2. All information must be correct and not falsified. | | | | |
| Residency Hold Harmless Covid Rel | Player (Print) | | | Player Signature | | Age | Residential Address (street, city, zip) | | Phone | |
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| Coaches/Mai | nagers | | | | | | | | | |
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